

HEARING SCREENING PROGRAM REPORT

PLEASE PRINT ALL AREAS OF THIS REPORT

Name of School:		District:		Phone #	
School Address:		City:		Zip Code:	
Screening Performed By:		<input type="checkbox"/> Screener(s)–Attach Copy of Hearing Screening Certificate*** <input type="checkbox"/> Audiologist–Fill in License #: _____ (if applicable)		School Year: <div style="font-size: 1.5em; font-weight: bold;">2008-2009</div>	
Report Completed By:		TITLE:		DATE:	

Equipment Calibration Date:	OR Check here if ADHS Equipment was used <input type="checkbox"/>	Type of School: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Preschool <input type="checkbox"/> Accommodation <input type="checkbox"/> Other _____
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Type of Equipment Used: (check all that apply; write in each grade screened using the equipment below or state 'all grades' for each equipment if applicable)

☐ Audiometer used for grades: _____
 ☐ Tympanometer used for grades: _____
 ☐ OAE used for grades: _____

SCHOOL GRADES	Number of students enrolled	Number of students <u>not</u> screened (R9-13-102C)	Number of students who received first screening	Number of students that did not pass first screening	Number of students that received second screening	Number of students that did not pass second screening	Number of students evaluated by medical provider	Number of students evaluated by audiologist	Number identified deaf or hard of hearing this year	Number identified deaf or hard of hearing in previous year(s)	COMMENTS
Preschool											
Kindergarten											
First											
Second											
Sixth											
Ninth											
Special Ed. (not to be included in #s above)											
Other (students screened in grades other than those listed above)											

Report Completion Guidelines:

- *** **Screeners attach copies of training certificate to this report**
- Submit one report form for each school (Includes students enrolled throughout the school year)
 - All Special Education students must be screened annually. (This includes students over 16)
 - Ungraded student should be categorized by their age equivalent grade
 - Use school address rather than district address

SUBMIT COMPLETED REPORT TO ADHS BETWEEN APRIL 1 AND JUNE 30 of the CURRENT SCHOOL YEAR

ADHS/OWCH SENSORY PROGRAM
 150 North 18th Avenue, Suite 320
 Phoenix, Arizona 85007-3242
 602-364-1400
www.azdhs.gov/phs/owch/sensory.htm

- Checklist—
Don't Forget to Include:**
- ☐ Complete School Information
 - ☐ Name(s) of Screener(s)
 - ☐ Copy of Hearing Screening Certificate or I.D. Card (for each screener)
 - ☐ Equipment Calibration Date